

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019922

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. Registrar's No. 89

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union Twp.		c. CITY OR TOWN Dearborn	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 1121 North York Avenue	

3. NAME OF DECEASED (Type or print) First Fred Middle Paul Last Herman			4. DATE OF DEATH Month May Day 22 Year 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-16	9. AGE (last birthday) 46	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus. Management Manager
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus. Management Manager			10b. KIND OF BUSINESS OR INDUSTRY Dodge Div. Chrysler	11. BIRTHPLACE (City and state or country) Czechoslovakia	12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Rudolph Herman	13b. MOTHER'S MAIDEN NAME Augusta	14. NAME OF HUSBAND OR WIFE Magda Herman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Magda Herman, Dearborn, Michigan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries from plane crash		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Flight 11
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 5-22-62		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	20f. CITY, TOWN, OR LOCATION Union Twp.
		COUNTY Putnam STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 9:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Chas L. Fulton	(Degree or title) Captain	22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 5-24-62
23. DATE OF CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-24-62	23c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre	23d. LOCATION (City, town, or county) (State) Oakland County Michigan

24. FUNERAL DIRECTOR Hugh S. Johnson	ADDRESS Unionville, Mo	25. DATE RECD. BY LOCAL REG. 5-24-62	26. REGISTRAR'S SIGNATURE Marvell Durbin
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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Rev. 4/59
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hugh J. Johnson

Licensed Embalmer No.

3487

P. O. Address

Centerville, Ia.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.